

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10660383**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	/						51		/						
2		/					52		/						
3		/					53		/						
4		/					54		/						
5		/					55		/						
6		/					56		/						
7		/					57		/						
8		/					58		/						
9		/					59		/						
10		/					60		/						
11		/					61		/						
12		/					62		/						
13		/					63		/						
14		/					64		/						
15		/					65		/						
16		/					66		/						
17		/					67		/						
18		/					68		/						
19		/					69		/						
20		/					70		/						
21		/					71		/						
22		/					72		/						
23		/					73		/						
24		/					74		/						
25		/					75		/						
26		/					76		/						
27		/					77		/						
28		/					78	/	/						
29		/					79		/						
30	/	/					80		/						
31		/					81		/						
32		/					82		/						
33		/					83		/						
34		/					84								
35		/					85								
36		/					86								
37		/					87								
38		/					88								
39		/					89								
40		/					90								
41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								

82
2
86

25
82
82